



EXPENSE REIMBURSEMENT FORM

(Complete and return to the Foundation office within 10 days of return from travel)

Travel for (individual)		For travel made to (destination)
Departure Date & Time Arrival Date & Time		Returning Date & Time Arrival Date & Time
Dates of Conference	Account	For (purpose)

Breakdown of Expenses – Original receipts must be submitted for all expenses in excess of \$25 including those prepaid by the Foundation. Prepaid items should be marked as P P.

Registration (attach receipt, program or agenda, etc)	
Transportation: Airfare (receipt and boarding passes)	
*Personal Auto - /mi x total miles	
*Train	
Hotel nights @ \$ per night	
Meals days @ \$ per day Note any meals provided at conference	
Cabs/Airport to Hotel/Hotel to Airport	
Mileage (round trip to/from airport): # miles	
Parking/Airport	
Miscellaneous (justify w/memo)	
Total Allowed Expense	
Less Prepaid	
Total Amount to be reimbursed	

*Not to exceed air - coach class or government fare amount

Reimbursement to be made to:

I certify that all travel expenses set forth hereon are just and appropriate charges to my MDREF account, and that payment has not been, nor will be accepted from, another source. I also certify that this travel expenditure was necessary to support my approved research, education activity or in the case of a general donation account that this travel was within the scope of the donor's intent.

Principal Investigator or traveler		Date
Approved by:	Mary Jo Brady, Executive Director	Date